

RECEIVED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2023 SEP 14 PM 4:23

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Shafeeq Rahman

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

capt. Balances #1903, officer Asst. warden #17879

capt. Rutherford

Assistant warden Chestnut

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Shaheed

First Name

Rahman

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1412204213

NYoid# 02770160P

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

OCCC Rikers Island

Current Place of Detention

1600 Hazen Street

Institutional Address

East Elmhurst

County, City

N.Y.

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

| | | |
|--|-----------|----------|
| First Name | Last Name | Shield # |
| <i>Capt. Balanos</i> | | |
| <i>Captain</i> | | |
| Current Job Title (or other identifying information) | | |
| <i>1600 Hazen Street</i> | | |
| Current Work Address | | |
| County, City | State | Zip Code |
| <i>East Elmhurst NY 11370</i> | | |

Defendant 2:

| | | |
|--|-----------|----------|
| First Name | Last Name | Shield # |
| <i>Captain</i> | | |
| Current Job Title (or other identifying information) | | |
| <i>1600 Hazen Street</i> | | |
| Current Work Address | | |
| County, City | State | Zip Code |
| <i>East Elmhurst NY 11370</i> | | |

Defendant 3:

| | | |
|--|-----------|----------|
| First Name | Last Name | Shield # |
| <i>officer</i> | | |
| Current Job Title (or other identifying information) | | |
| <i>1600 Hazen Street</i> | | |
| Current Work Address | | |
| County, City | State | Zip Code |
| <i>East Elmhurst NY 11370</i> | | |

Defendant 4:

| | | |
|--|-----------|----------|
| First Name | Last Name | Shield # |
| <i>chestnut</i> | | |
| Current Job Title (or other identifying information) | | |
| <i>Assistant warden</i> | | |
| Current Work Address | | |
| County, City | State | Zip Code |
| <i>East Elmhurst NY 11370</i> | | |

V. STATEMENT OF CLAIM

Place(s) of occurrence: Dorm 3 Upper

Date(s) of occurrence: AUGUST 15, 2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on 8/15/23 while in Dorm 3 Upper I requested medical attention. I was even on the sick-call list. Sick call was not called during the 7-3 shift. I informed the A officer that day who stated I must speak with the captain. When certain Balanost #1903 and officer Asencourt #17879 made their rounds capt Balanost #1903 told me not to speak with her or officer Asencourt #17879 and that I would have to to sick call. I was having breathing problems and both these officers denied me medical attention.

On 8/20/23 an incident happened in the mess-hall were feces spray was sprayed in the mess-hall I told captain Rutherford I can't breath and require medical attention but was denied.

On 8/30/23 my eyeglasses were broken during a search filed complaint E#00685608

Facts continuation:

I filed an complaint with 311 because the facility Grievance program is not following policy and responding to Grievances within 10 business days. A 311 complaint EC006811082. Assistant Warden Chestnut was informed about officers de-icing the after spray. He stated that when the spray is de-iced it does not contaminate food nor does it bothers people with covid. I even caught covid-19 and gotten no medical attention.

This facility fails to address medical or follow policy when spraying that prefer spray around people with breathing problems. The spray that was used is oleo cresin calcicum. I take Albuterol sulfate HFA Inhalation Aerosol 90mcg per actuation I also take Breo Ellipta fluticasone furoate 100mcg and vilanterol 25 mcg inhalation powder

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was denied medical attention on 9/15/23 by Captain Balenos 1903 and officer Asuncion 17579 because I could not breath Capt Rutherford denied me medical attention and I could not breath never got medical attention and staff break my glasses

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking for one million dollars in damages and two million for pain and suffering

continuation on injuries.

It has been the policy and custom of the medical staff at OBCC not to call sick-call, the officers are stating that the clinic is too small for the volume of inmates. I take meloxicam, which is given every 4 days. After 4 day's I must be seen by a doctor to get a refill. But if I can't get to the clinic to get a refill I must stay in D-14 until officers are not even taking your concerns to medical staff. It's officers who are picking who should be seen by medical.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Sept 6, 2023

Dated

Bha-Heed

First Name

Middle Initial

Plaintiff's Signature

Rahman

Last Name

1600 Hazen street

Prison Address

East Elmhurst

County, City

NY

State

11370

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

9/6/2023

Kimberly Price who possessed and sent me money until she passed away and Andell Long family sent me money to very good

ATTACHMENT - B

| | | | | |
|---|---|---|--|---|
|  | CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM | | |  |
| | | | Form: 7101R Eff.: 2/26/20 Ref.: Dir. 337GR-A | |
| Inmate's Name: | Book & Case #: | | NYSID #: | |
| She-Hen Velma | 1412204213 | | | |
| Facility: | Housing Area: | Date of Incident: | Date Submitted: | |
| OBCC | Buller | 8/17/23 | 8/16/23 | |
| <p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> | | | | |
| <p>Grievance: I am filing this complaint because on July 24, 2018 I was housed in C-85 on that day they The SBT search team came and packed up housing area Buller. They took us to Intake and placed us on a bus. we sat on the bus for 3 1/2 hours at OBCC. This search team took all our pants and shirt. we did not eat no lunch or dinner on July 24, 2018 From July 24, 2018</p> | | | | |
| <p>Action Requested by Inmate: see Attached</p> | | | | |
| <p>Please read below and check the correct box:</p> | | | | |
| Do you agree to have your statement edited for clarification by OCGS staff? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you need the OCGS staff to write the grievance for you? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Have you filed this grievance with a court or other agency? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Did you require the assistance of an Interpreter? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| <p>Inmate's Signature: </p> | | | <p>Date of Signature:</p> | |
| <p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p> | | | | |
| TIME STAMP | Grievance Reference # | | Category: | |
| | | | | |
| | | | Office of Constituent and Grievances Services Coordinator/Officer Signature: | |

II

To July 27, 2023 lunch was served at 4pm cold chicken meat loaf rice from July 24, 2023 to July 27, 2023 dinner was at 9pm cold breakfast from July 24, 2023 to July 27, 2023 was served cold oatmeal, grits eggs. On July 24, 2023 while sitting on the bus I was denied medical attention. I suffer from several medical conditions I suffer from spine damage, PTSD, depression, anxiety and panic attacks. Yet I was not allowed any medical attention from July 24, 2023 to August 18, 2023 sick-call is not being conducted. If you request emergency medical attention your denied. On ~~July 18, 2023~~ August 16, 2023 my request was denied. On August 15, 2023 I filed 70 complaints with 311 at EC 00678407 EC 00678411 on 8/8/23 a money order was signed for Receipt # 078002 - today is 8/16/23 money order no# 28882978673 Docs rule is five business days I am told by the officer they did not know BCCC was gone but Docs staff

111

continue to violate all Rules
from August 12, 2023 to August 14, 2023
There was no Hot water in the
whole jail. we were forced to
take cold showers, for four day's

Action Requested: to have all issues
in the body of the grievance addressed.

1. Sitting on the bus for 3 1/2 hours
no medical attention
2. cold food from July 24, 2023 to
July 27, 2023
3. Being forced to wear the same pants
from July 24, 2023 to August 4, 2023
4. Being denied sick cell
5. To have grievances responded
to within 10 days
6. To have funds deposited in
account in a timely fashion



AT
She-Held Rehuman 1412204213

03cc: 3uppers

8/15/2023

Grievance

On the above date the A officer informed me that I must speak with the capt about getting to medical once the capt. Bolanos #1903 arrived on the dorm of 3upper officer Asuncion 17879 told me I am not allowed to speak with the capt. I asked capt. Bolanos can she help me get medical attention she said don't speak to her. I told capt Bolanos I was having a Panic Attack and could not breath & she gave me a direct order to sit on my bed and I was denied medical attention by officer Asuncion and capt Bolanos.

Action requested! To have both these officers sent for training. But to have them call medical if a person needs medical attention.

Jahleel J.L.

Sgt Hedditchman 1412204213

8/17/2023

Grievance

I have filed several Grievances
and have not gotten any response.
I understand that a Response
should be given within ten days
but it's been beyond today's

Action Requested

To have copies of all Grievances
and Responses

Sgt Hedditchman

Shaheed Rahman 141-204213
OBCC likers Island
1600 Hazen Street
East Elmhurst, NY. 11370

2023 AUG - 1 PM 4:28

July 29, 2023

Hon. Laura Taylor Swain

I am writing this letter in the hopes that you will be able to have the federal monitors come to this facility and speak with us. I was originally being housed in C-95 AMKC but the powers to be decided to close that facility and send all of us to OBCC, once they moved us to this facility we have not been given minimum standards at all. Pikes Island officials kept us on a bus on July 24, 2023 for over 3 1/2 hours cuffed on a hot bus. no lunch or dinner was given. dinner came at 10pm July 24, 2023.

They took all the pants you wear and from July 24, 2023 to the writing of this letter we were are forced to wear pants that we left in. Breakfast lunch and

H

Dinner has not been served on time at all. lunch has been served at 4pm from July 24, 2023 to July 27, 2023 dinner was served from July 24, 2023 to July 27, 2023 8pm all the food has been served cold. chicken meat beef fish all served cold lunch hot is cold oatmeal grits all being served cold. no hot water for tea or coffee. You can't see medical. The only way you see medical is to lie and request emergency sick-call today on July 28, 2023 medication has not been given at all. I am 58 years old with several different medical conditions that are not ~~not~~ being address. I am positive if you order the federal monitor to come and speak with us you would push and have them close this facility the water is rusty the roof leaks the dome is infested with ants the SRT officers

Took our personal property
and never gave us receipts for
the items they have taken.
They threw away items
that was brought from
commissary, we have not
been allowed to see our
family on visits, we have
not been given reasons to
shove with. It is my
hope that ~~that~~ you will
order the Federal monitor
to come and speak with
us not an employee of
DOCS Please we don't
want them to retaliate
against us. These conditions
I have lost traumatic stress
disorders PTSD and DOCS
is not addressing my condition
at all nor my medical concerns
I have not eaten out of the
Food DOCS serves in five
days Please help us.

Thank you
very much
Matt Hall

II

To July 27, 2023 lunch was served at 4pm cold chicken meat loaf Rice from July 24, 2023 to July 27, 2023 dinner was at 9pm cold breakfast from July 24, 2023 to July 27, 2023 was served cold oatmeal, grits eggs. On July 24, 2023 while sitting on the bus I was denied medical attention. I suffer from several medical conditions I suffer from spine damage, PTSD, depression, anxiety and panic attacks. Yet I was not allowed any medical attention from July 24, 2023 to August 18, 2023 sick-call is not being conducted.

If you request emergency medical attention your denied. On ~~July 18, 2023~~ ^{that} August 16, 2023 my request was denied. On August 15, 2023 I filed 70 complaints with 311 at EC 00678407 EC 00678411

On 8/8/23 a money order was signed for receipt # 079002 today is 8/16/23 money order no # 28882978673 DOCS rule is five business days

I am told by the officer they did not know OBCC was open but DOCS staff

continue to violate all Rules
from August 12, 2023 to August 14, 2023
There was no Hot water in the
whole jail. we were forced to
take cold showers, for four day's

Action Requested: To have all issues
in the body of the grievance addressed.

1. Sitting on the bus for 3 1/2 hours

no medical attention

2. cold food from July 24, 2023 to
July 27, 2023

3. Being forced to wear the same pants
from July 24, 2023 to August 4, 2023

4. Being denied sick cell

5. To have grievances responded
to within 10 days

6. To have funds deposited in
account in a timely fashion



ATTACHMENT - B



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R
 ER: 2/26/20
 Ref: Dir. 337BR-A



Inmate's Name:

Shoefield Laquan

Book & Case #:

1412204213

NYSID #:

Facility:

OBCC

Housing Area:

3UPPS

Date of Incident:

8/13

Date Submitted:

8/16/23

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

There has been no sick call
 In this facility. Also they took
 our pants up a leaving - CT

Action Requested by Inmate:

To be given us out
 we sick-cell runs

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

8/16/23

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

686543

medical

Office of Constituent and Grievance Services Coordinator/Officer Signature:

| | | | | |
|--|---|--------------------------------------|---|---|
|  | CITY OF NEW YORK - DEPARTMENT OF CORRECTION | |  | |
| | OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | | Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A |
| | DISPOSITION FORM | | | |
| Grievance Reference #: 686543 | | Date Filed: 08/18/2023 | Facility: OBCC - 3 upper | |
| Inmate Name: Rahman, Sha-heed | | Book and Case#: 1412204213 | Category: Medical | |
| <p>From OCGS Inmate Statement Form, print or type short description of grievance:</p> <p>There has been no sick call in this facility also they took our pants when leaving c-95</p> | | | | |
| <p>Action Requested by Inmate:</p> <p>Medical care</p> | | | | |
| STEP 1: FORMAL RESOLUTION | | | | |
| <p>Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process</p> | | | | |
| <p>The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.</p> | | | | |
| <p>OCGS informed Mr. Rahman that; as per NYCH&H Correctional Health Services this matter has been forwarded to Patient Relations for review and handling. In addition, this matter has been forwarded to the OBCC Medical Team. Clothes box has been alerted regarding adequate clothing and the housing area will be afforded clothes box services.</p> | | | | |
| <p>CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.)</p> | | | | |
| <p><input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer.</p> | | | | |
| <p><small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.</small></p> | | | | |
| Inmate's Signature:  | | Date: 9-6-23 | | |
| <p><input type="checkbox"/> Preliminary Review Requested</p> | | | | |
| Grievance Coordinator/Officer Signature: Ms. Weales | | Date: 8/21/2023 | | |

| CITY OF NEW YORK - DEPARTMENT OF CORRECTION | | | |
|---|--|---|-----------------|
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | Form.: 7101R Eff.: 2/05/20 Ref.: Dir. 3378R-A | |
| INMATE STATEMENT FORM | | | |
| Inmate's Name: | Book & Case #: | | NYSID #: |
| She-Her Lechner | 1412204213 | | |
| Facility: | Housing Area: | Date of Incident: | Date Submitted: |
| OBCC | Buffler | 8/17/ | 8/16/23 |
| <p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> | | | |
| <p>Grievance:</p> <p>I am filing this complaint because on July 24, 2018 I was housed in C-95 on that day they The SRT search team came and packed up housing area Buffler. They took us to Intake and placed us on a bus. we sat on the bus for 342 hours at OBCC. This search team took all our pants and shirt. we did not eat no lunch or dinner on July 24, 2018 from July 24, 2018</p> | | | |
| <p>Action Requested by Inmate:</p> <p>see Attached</p> | | | |
| <p>Please read below and check the correct box:</p> | | | |
| <p>Do you agree to have your statement edited for clarification by OCGS staff?</p> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>Do you need the OCGS staff to write the grievance for you?</p> | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <p>Have you filed this grievance with a court or other agency?</p> | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <p>Did you require the assistance of an interpreter?</p> | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <p>Inmate's Signature:</p>  | | <p>Date of Signature:</p> | |
| <p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p> | | | |
| TIME STAMP | Grievance Reference # | Category: | |
| | Office of Constituent and Grievances Services Coordinator/Officer Signature: | | |

ATTACHMENT - B

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to receive your individual complaints or concerns about specific matters involving incarceration. You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

Form: T101R
 Eff.: 2/26/20
 Rev.: Dir. 3378R-



- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
- You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
- Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
- Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.

All grievance forms must be signed. Failure to sign form will be deemed invalid.

THE SUBMISSION AND APPEALS PROCESSES

1. SUBMISSION

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

2. FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

3. COMMANDING OFFICER'S REVIEW

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition; you will have two (2) business days to appeal to the Division Chief.

4. APPEAL TO THE DIVISION CHIEF

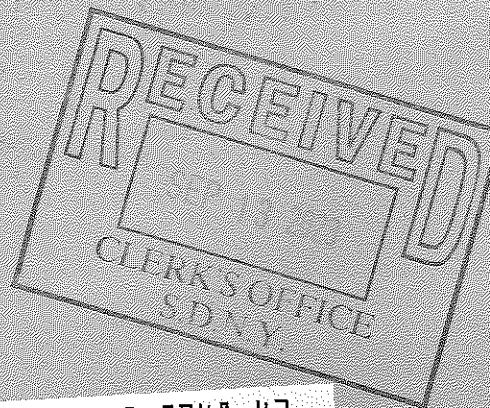
The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

5. CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

| GRIEVANCE CATEGORIES | | CATEGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS |
|---|--|--|
| 1. CLASSIFICATION/SG STATUS 2. CLOTHING 3. COMMISSARY 4. CORRESPONDENCE / MAIL 5. EMPLOYMENT 6. ENVIRONMENTAL 7. FOOD 8. INMATE ACCOUNT 9. JAIL TIME 10. LAUNDRY 11. LAW LIBRARY 12. MEDICAL/ACCESS TO SICK CALL | 13. MENTAL HEALTH 14. PERSONAL HYGIENE 15. PHONE 16. PROGRAMS 17. PROPERTY 18. RECREATION 19. RELIGION 20. RULES AND REGULATIONS 21. SCHOOL 22. SEARCH 23. SOCIAL SERVICES 24. TRANSPORTATION 25. VISIT 26. OTHER | 1. ASSAULT ALLEGATION 2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA) 3. HARASSMENT ALLEGATION 4. STAFF COMPLAINT 5. INMATE ALTERCATION 6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA) 7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION 8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR GMC 9. MEDICAL STAFF/MENTAL HEALTH STAFF 10. REQUEST FOR PROTECTIVE CUSTODY 11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY 12. FREEDOM OF INFORMATION LAW REQUEST 13. HOUSING 14. INMATE GRIEVANCE 15. OTHER |

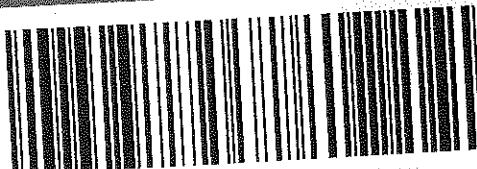
Heed Rahman # 1412204213
cc Rivers Island
3 Hazen Street
St Elmhurst, N.Y. 11370



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**PLACE STICKER AT TOP OF ENVELOPE TO THE
RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.**

CERTIFIED MAIL



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Southern District of New York
Southern District Magistrate
The Daniel Patrick Moynihan
United States Courthouse
500 Pearl Street
New York, N.Y. 10007-1312

Pro Se

